

FEE TRANSMITTAL	
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**Electronic Version v08**

## Stylesheet Version v08.0

<b>Title of Invention</b>	<b>Surgery delivery device and mesh anchor</b>
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Application Number : \_\_\_\_\_

Date : \_\_\_\_\_

First Named Applicant: \_\_\_\_\_ Dr. John I. Shipp

Attorney Docket Number: \_\_\_\_\_

  

**TOTAL FEE AUTHORIZED \$ 693**

Patent fees are subject to annual revisions on or about October 1st of each year.

  

Filing as small entity

  

**BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	385	385
<b>Subtotal For Basic Filing Fees: \$ 385</b>			

  

**EXTRA CLAIM FEES**

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 22	2	2202	9	18
Independent Claims : 3	0	2201	43	0
Multiple Dependent Claims		2203	290	290
<b>Subtotal For Extra Claims Fees: \$ 308</b>				

  

**AUTHORIZED BILLING INFORMATION**

**The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:**

  

Credit account number: \_\_\_\_\_ 0218

Expiration Date (YYYYMMDD): \_\_\_\_\_ 2005-07-31

Authorized name: \_\_\_\_\_ Reba C. Shipp

Billing address: \_\_\_\_\_ 37388

Adjustment date: 06/28/2004 BHABTEW  
05/03/2004 MGBREM1 00000065 10709297  
03 FC:2203 -145.00 UP

Ref: 0030016552  
Master Card Refund Invoice 218 \$145.00